

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08215

1960

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Blooming
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Blooming
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Georgia Arney

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Charles Arney
 6.(c) If alive, give age 64 years
 7. Birth date of deceased (mo., day, yr.) March 2, 1864
 8. AGE: Years 84 Months 5 Days 4 It less than one day
 hrs. min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name William Trice
 13. Birthplace Caroline County, Maryland
 14. Maiden name Emily Jester
 15. Birthplace Caroline County, Maryland

16. Informant Luther Williamson
 Address Miford, Delaware

17. Burial Date thereof August 8, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery
 Location Federalburg, Maryland

18. Funeral director J. J. Frampton and Son
 Address Federalburg, Maryland

19. August 7, 1948 Registrar J. J. Frampton
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1948 at 9:10 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 1, 1948 to Aug 6, 1948
 and that I last saw him alive on Aug 6, 1948

Immediate cause of death myocarditis DURATION 5 yrs

Due to

Due to

Other conditions Fracture rt. hip 3 months

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/5/48

Where did injury occur? Federalburg, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Manner of injury Fall Injured at work?

23. SIGNATURE Frank M. Cullen M.D.

Address Federalburg, Md. 8/7/48

RECEIVED

AUG 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County CarolineCity or town Harmony
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Harmony
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

HARRY ARRINGDALE

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife Eva Virginia Arringdale6. (c) If alive, give age 77 years7. Birth date of deceased (mo., day, yr.) Sept. 8, 18718. AGE: Years 76 Months 11 Days 17 If less than one day
hrs. min.9. Birthplace Mathewstown, Talbot, Maryland
(Town, county, and state)10. Usual occupation Miller11. Industry or business Retired12. Name Charles W. Arringdale13. Birthplace Talbot County, Maryland14. Maiden name Louis Chaffinch15. Birthplace Williston, Maryland16. Informant Eva V. ArringdaleAddress Preston, Md.17. Burial Date thereof Aug. 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ConcordLocation Concord, Maryland18. Funeral director H. M. HollisAddress Preston, Md.19. 8/27 48 C. W. Plummed
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 19 48 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 19 38, to Aug 25 19 48and that I last saw him alive on August 19 48Immediate cause of death arterio sclerosisHypertension

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE Dr Paul Twiss MDAddress Clinton Md Date signed 8/26/48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 30 1948

BUREAU V. S.

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AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08217

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town near Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CarolineCity or town near Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. near Denton
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Virgie Baker7. Birth date of deceased (mo., day, yr.) Oct. 9, 1868 6.(c) If alive, give age 55 years8. AGE: Years 79 Months 9 Days 26 If less than one day
..... hrs. min.9. Birthplace Burnsville, Caroline, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business Farmer12. Name James Baker13. Birthplace Maryland14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Virgie BakerAddress Denton, Maryland17. Burial Date there Aug. 7, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory DentonLocation Denton, Maryland18. Funeral director J. Virgie BakerAddress Denton, Md.19. 8/7 1948 Wm D P George
(Date rec'd by registrar) Registrar

3.(b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1948 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 28 1948 to Aug 5 1948
and that I last saw him alive on August 3 1948

Immediate cause of death

arterio sclerosis

DURATION

6 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Paul J. Smith M. D. 8/7/48Address Denton, Md. Date signed

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AUG 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08218

Reg. Dist. No. 466

1. PLACE OF DEATH:

County... Caroline
 City or town... Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 weeks
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline
 City or town... Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

NELLIE C. CARMINE

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced WIDOWED
 6.(b) Name of husband or wife... Frederick F. Carmine
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 25, 1873
 8. AGE: Years 75 Months 3 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace... Federalburg, Caroline, Md.
 (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... W. H. Hollis
 13. Birthplace... Delaware
 14. Maiden name... Fannie E. Cox
 15. Birthplace... Maryland

16. Informant... Hilda Carmine
 Address... Preston, Md.

17. Burial Date thereof... Aug. 20, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Jr. O. U. A. M. Cemetery
 Location... Preston, Md.

18. Funeral director... H. M. Hollis
 Address... Preston, Md.

19. Aug 20 1948 L. M. Pigg
 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... August 18, 1948 at 3:10 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16, 1948 to Aug. 18, 1948 and that I last saw her alive on Aug. 17, 1948

Immediate cause of death... Carcinoma of Stomach DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE... Charles H. Hough M. D. or other _____

Address... Greensboro, Md. Date signed... 8/18/48

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AUG 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08219

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Weeks
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ X

3.(a) FULL NAME

Lola Cohee
 4. Sex F. 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

3.(b) Social Security Number

6.(b) Name of husband or wife Henson Cohee

7. Birth date of deceased (mo., day, yr.) August 19, 1874
 6.(c) If alive, give age _____ years

8. AGE: Years 74 Months 0 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Delaware
(Town, county, and state)10. Usual occupation Housewife11. Industry or business X12. Name Thomas Cook13. Birthplace Delaware14. Maiden name Hester Moore15. Birthplace Delaware16. Informant Sussie CooperAddress Greensboro, Maryland.17. Burial Date thereof 8/28/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Odd FellowsLocation Camden, Delaware.18. Funeral director Raymond B. RawlingsAddress Greensboro, Maryland.19. Aug. 25 19 48 L. Mae Pippin
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 19 48 at 1:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 19 48 to Aug 25 19 48
 and that I last saw him alive on August 24 19 48

Immediate cause of death Carcinoma of uterus with metastases to ovary
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE L. Mae Pippin M. D. or other _____
 Address Greensboro Md. Date signed 8-25-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Phillip Worthington Downes

3. (b) Social Security Number

4. Sex me 5. Color or race we 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary Downes

7. Birth date of deceased (mo., day, yr.) Aug 4, 1880 6. (c) If alive, give age _____ years

8. AGE: Years 68 Months 10 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Denton, Caroline, md
 (Town, county, and state)

10. Usual occupation Businessman11. Industry or business Fertilizer12. Name Ernest Downes13. Birthplace Maryland14. Maiden name Josephine Williams15. Birthplace Maryland16. Informant Mrs. Phillip W. DownesAddress Denton, Maryland

17. Burial Date thereof Aug 28, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory DentonLocation Denton, Maryland18. Funeral director L. Virgil Moberg SonAddress Denton, md

19. Aug 28 1948 Registrar Wm S O Gump
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1948 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 30 1948 to Aug 25 1948 and that I last saw him alive on Aug 25 1948

Immediate cause of death _____ DURATION _____

Due to Carcinoma of prostate 8 mos.

Due to Spinal Cord

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm S O Gump M. D. or other _____

Address Denton Date signed 8/28/48

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AUG 31 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08221

Reg. Dist. No. 66

1. PLACE OF DEATH:

County..... *Caroline*City or town..... *Ridgely*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Samuel G. Lane

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Maud Lane

7. Birth date of deceased (mo., day, yr.)

Oct. 23, 1859

6. (c) If alive, give age..... years

64

8. AGE:

Years

Months

Days

If less than one day

*88**9**16*

hrs.

min.

9. Birthplace

Unknown
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

16. Informant

Maud Lane

Address

Ridgely Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Aug. 11, 1948
(month) (day) (year)

Cemetery or crematory

Chesterfield Cemetery

Location

Centerville Md.

18. Funeral director

Edward G. Lane

Address

Church Hall Md.

19.

Aug. 11, 1948
(Date rec'd by registrar)*May E. Laird*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Caroline

City or town

Ridgely
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

*August 8*19 *48*

at

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*July 18*19 *48*

to

*Aug. 8*19 *48*

and that I last saw him alive on

*Aug. 8*19 *48*

Immediate cause of death

Chronic Nephritis

Due to

Due to

Cerebral and General Atherosclerosis

Other conditions

Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

Charles H. Stancovich
Aug. 9, 1948

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AUG 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08222

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
109 West Central Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 109 West Central Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Hiram G. Longaker

3. (b) Social Security Number

218-20-6571

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Marquette J. Longaker
 6.(c) If alive, give age 53 years
 7. Birth date of deceased (mo., day, yr.) December 29, 1882
 8. AGE: Years 65 Months 7 Days 5 If less than one day
 hrs. min.

9. Birthplace Hillsdale, Pennsylvania
 (Town, county, and state)
 10. Usual occupation Employed in the
 11. Industry or business General Mercantile Business
 12. Name Laurel H. Longaker
 13. Birthplace Pennsylvania
 14. Maiden name Marquetta Holt
 15. Birthplace Pennsylvania

16. Informant Mrs. Hiram G. Longaker
 Address Federalburg, Maryland
 17. Burial Date thereof August 6, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Hill Crest Cemetery
 Location Federalburg, Maryland
 18. Funeral director J. J. Frampton and Son
 Address Federalburg, Maryland
 19. August 5, 1948 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4, 1948 at 1:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3, 1947 to Aug 4, 1948
 and that I last saw him alive on Aug 4, 1948
 Immediate cause of death Coronary Thrombosis
 DURATION 1 1/2 yrs.

Arteriosclerosis
 Due to Renal History 5 yrs.
 Due to

Other conditions Chronic Hypertrophy of Prostate
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. E. Lennon M.D.
Federalburg Md Date Aug 5, 1948
 Address.....

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AUG 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08223

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ X

3.(a) FULL NAME

Alfred Obe Melvin

3.(b) Social Security Number

X

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Annie
 7. Birth date of deceased (mo., day, yr.) October 4th. 1878
 6.(c) If alive, give age 60 Yrs.
 8. AGE: Years 69 Months 10 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Sandtown, Delaware
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business X

FATHER 12. Name John Melvin
 13. Birthplace Delaware
 MOTHER 14. Maiden name Hester Draper
 15. Birthplace Delaware

16. Informant Mrs. Annie Melvin
 Address Henderson, Maryland, Rural
 17. Burial Date thereof 8/ 21/ 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Olive
 Location Near Goldsboro, Maryland.
 18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. 8/20 48 Abel Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 19 48 at 4:30 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 15, 19 48 to Aug. 18 19 48
 and that I last saw him alive on Aug. 17, 19 48

Immediate cause of death Poisoning of Stomach DURATION _____
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Charles H. Snowden M. D. or other _____
 Address Greensboro, Md. Date signed 8/19/48

RECEIVED

SEP 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08224

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 48 years
 Hospital, institution, or street address where death occurred:
Quena Vista Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Quena Vista Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Janie Paul

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife John L. Paul
 7. Birth date of deceased (mo., day, yr.) February 4, 1876
 6.(c) If alive, give age. — years
 8. AGE: Years 72 Months 6 Days 26 If less than one day
hrs. min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business None

12. Name Wesley Holder

13. Birthplace Dorchester County, Maryland

14. Maiden name Sarah Winkler

15. Birthplace Dorchester County, Maryland

16. Informant Mrs. George Johnson

Address Federalburg, Maryland, R.F.D.

17. Burial Date thereof September 1, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory West Crest Cemetery

Location Federalburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalburg, Maryland

19. August 31 1948 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1948 at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10th 1947 to Aug 30th 1948
 and that I last saw her alive on Aug 30th 1948

Immediate cause of death Coronary Thrombosis DURATION 10 MIN

Due to arteriosclerosis 5 yr

Due to

Other conditions Chronic Hypertrophic 10 yr
Arteriosclerosis.
 (Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

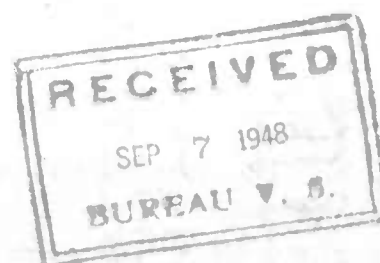
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Gorman MD
Federalburg Md M. D. or other
 Address Aug 30th 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08225

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Weeks
 Hospital, institution, or street address where death occurred:
Stewart Nurseing Home
 How long in hospital or institution? 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mifflin Pippin

3. (b) Social Security Number

220-07-2210

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) November 26, 1884
 8. AGE: Years 63 Months 8 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Goldshoro, Caroline, Maryland,
 (Town, county, and state)

10. Usual occupation Laborer11. Industry or business X

MOTHER FATHER
 12. Name Robert E. Pippin
 13. Birthplace Church Hill, Maryland.
 14. Maiden name Sarah E. Biddle
 15. Birthplace Maryland.

16. Informant Mrs. Pearl Mahan
 Address Goldshoro, Maryland, R.F.D.

17. Burial Date thereof 8/5/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Greensboro
 Location Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. Aug 5 19 48 L. M. Pippin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 19 48 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-1-48 to 8-2-48
 and that I last saw him alive on 8-1-48

Immediate cause of death Respiratory Infection DURATION 24 hrs
1st & 2nd Crossed Hemiplegia 3 wks
 Due to Essential Hypertension ?
& General Arteriosclerosis 10 yrs
 Other conditions Chronic Alimentary Stenosis 8 yrs
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE George White MD M. D. or other _____
Ridgely Md Address _____ Date signed 8/5/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 13

1. PLACE OF DEATH:

County CAROLINE
 City or town RURAL - PRESTON, MD.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 WEEKS
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County
 City or town BALTIMORE
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 924 S. DEAN ST.
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3.(a) FULL NAME

PAUL RIVERS

3.(b) Social Security Number

4. Sex MALE 5. Color or race COLORADO 6.(a) Single, married, widowed, or divorced WIDOWED
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) JUNE 4, 1895
 8. AGE: Years 53 Months 2 Days 19 It less than one day hrs. min.

9. Birthplace HALLAM, VIRGINIA
(Town, county, and state)10. Usual occupation LABORER11. Industry or business FARMER12. Name LAZARETH RIVERS13. Birthplace VIRGINIA14. Maiden name EMMA RIVERS15. Birthplace NORTH CAROLINA16. Informant DOROTHY RIVERSAddress 227 N. WOLFE ST. Balto. Md.17. BURIAL Date thereof AUG. 27, 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory INXTOWN CEMETERYLocation INXTOWN, MARYLAND18. Funeral director John L. WilliamsAddress Easton, Maryland19. 8/27 19 48 Cornelia D. Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 19 48 at 1:45 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16 19 48 to August 23 19 48 and that I last saw him alive on August 18 19 48Immediate cause of death acute cardiac dilatation DURATION 15 min.Due to Left ventricular failure 3 weeks

Due to

Other conditions Emphysema ?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lucy Blum M. D. or otherAddress Preston, Maryland Date signed 8/23/48

RECEIVED

AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08227

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline Co
 City or town Mr Greenboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Mr Greenboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elwood Spencer Strong

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Carrie G. Strong
 7. Birth date of deceased (mo., day, yr.) Dec 7 - 1874
 6. (c) If alive, give age 71 years
 8. AGE: Years 73 Months 8 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Kent Co - Md
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Feeding the soil
 12. Name Romain T. Strong
 13. Birthplace Kent Co
 14. Maiden name Charlotte F. Leitch
 15. Birthplace Kent Co - Md

16. Informant Mrs Carrie G. Strong
 Address Greenboro - Md
 17. Burial (Burial, cremation, or removal) Aug 10/48 Date thereof (month) (day) (year)
 Cemetery or crematory Christened
 Location Bay Bridge, Md
 18. Funeral director Baith Bros
 Address Centerville, Md

19. Aug 9 1948 L. M. Pippin Registrar
 (Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1948 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1948 to Aug 7 1948
 and that I last saw him alive on Aug 7 1948
 Immediate cause of death Carcinoma of Stomach

DURATION _____
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Frank H. Strosfer M.D. Aug 9
 Address Greenboro, Md Date signed 1948

West end Agency
Turn Right

Small Bag on Left

RECEIVED

AUG 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08223

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Houston Branch Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Houston Branch Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Iva M. Webb

3. (b) Social Security Number

213-18-5063

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Separated

6. (b) Name of husband or wife

John Smith6. (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.)

October 30, 1906

8. AGE:

Years

Months

Days

If less than one day

41915

hrs.

min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

12. Name

Thomas Webb

13. Birthplace

Caroline County, Maryland

14. Maiden name

Clara Sharp

15. Birthplace

Caroline County, Maryland

16. Informant

Dorothy E. Pratt

Address

Federalburg, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof August 17, 1948
(month) (day) (year)

Cemetery or crematory

Federal Hill Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19. August 16

(Date rec'd by registrar)

19 48J. J. Frampton

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 19 48 at 2:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... 19.....

and that I last saw him alive on 19.....

Immediate cause of death.....

DURATION

Arteriosclerosis
Myocarditis6 mos -

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address.....

Date signed 8/16/48

RECEIVED

AUG 23 1948

BUREAU V. S.